DOCUMENT RESUME

ED 281 643 PS 016 509

AUTHOR Harel, Miriam
TITLE Dialogues at Risk: Fostering Infant-Mother Interaction in Infant Houses on Kibbutz in Israel.
PUB DATE Sep 86
NOTE 15p.; Paper presnted at the Biennial International Conference on Infant Mental Health (2nd, Chicago, IL, September 18-21, 1986). Some pages have broken print.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Caregivers; Foreign Countries; High Risk Persons; Infants; *Interpersonal Competence; *Intervention; Mothers; *Parent Child Relationship; Parenting Skills; Teacher Education; *Teacher Role
IDENTIFIERS Infant Houses (Israel); *Israel; *Kibbutzim

ABSTRACT

This discussion begins by describing attitudes of Israeli infant teachers toward giving professional advice to mothers having problems with their infants. The discussion then (1) outlines some of the basic features of the infant houses on kibbutzim; (2) considers specific difficulties of some mother-infant dyads; and (3) describes interventions made by infant teachers to facilitate appropriate interactions between mothers and their infants. As the place in which education for collective living begins, the infant house provides, through infant teachers and their head teacher, all services given to infants on kibbutzim. It is also a stimulating environment where parents interact with each other, others' children, and their own. Because research had indicated that adult-adult interaction in the infant house might be limiting the amount of attention adults gave to their infants, an observational study of mother-infant interaction at 19 infant houses was conducted with a view toward increasing teachers' sensitivity to the parent-child dialogue and willingness to intervene to support it. Four dyads were considered clearly at-risk. Each is described in terms of the dimensions of the problem and steps taken, or not taken, to address the problem. Particular attention is given to restructuring problematic situations and relabeling atypical infants. Concluding remarks focus on teacher training designed to improve teachers' attitudes toward intervention. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED281643

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

DIALOGUES AT RISK

FOSTERING INFANT-MOTHER INTERACTION IN INFANT HOUSES ON KIBBUTZ IN ISRAEL

Miriam Harel

'ORANIM' - Haifa University

Kibbutz Child & Family Clinic,

Tel Aviv

Paper to be presented at

International Conference for

Infant Mental Health,

Chicago, September 1986

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Miriam Harel

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 016509

Introduction

In modern educational frameworks mental health consultation is a much used technique. Gerald Caplan has made use of it in his work with CHILD PSYCHIATRIC SERVICES in the United States and in Israel.

In his work on primary prevention Caplan writes "...The consultee is always to be treated by the consultant as a professional person in a manner that is inherently ego-supportive.."

In training and working with infant teachers on Kibbutz in Israel, we regard the teacher as a trained professional,who has the skills and authority to intervene on behalf of the mother-infant relationship when problems arise.

I feel that kibbutz, as a small, intimate and relatively consistent framework provides a context, which enables us to learn about points of intervention, which may be crucial to the improvement of the dialogue between infant and mother.

How do the mothers view the infant teacher? In our experience the majority of mothers delegate to the infant teachers, who have studied at ORANIM, trust and authority based on expertise.

The more significant question is - how do the trained infant teachers view themselves? Do they see their role entirely in terms of caring for the infant directly, or do they feel that they have a role to play in nurturing the mothers and in intervening when problems arise ?

From my fourteen years of training teachers and from hundreds of hours of interviewing, I find the teachers to be full of dilemma, doubt and indecision about their own function. A considerable group of the teachers, after one year of training, feel that they have no right to intervene and that their non-intervention is based on ideological principles. To intervene is for them to invade the already 'invaded' privacy of the parent functioning in the 'goldfish bowl of the infant house'. One must protect the privacy of the parent on kibbutz. When parents need help they will ask for it.

Another group, the largest, feel that they should intervene when mother and infant are not coping and that non-intervention will only add to the problems. Their work will be harder,because the infant will be unquiet and difficult to care for, and their own work will be less satisfying. They feel inadaquate to the task and are afraid of antagonising the parents. They generally refer to

...2/...

outside services, visiting psychologists, but they have difficulties in explaining the referral to the parents, why they have called in help, why they have avoided bringing up problems beforehand. Referral and consultation are part of the process of intervention, not an alternative to it, apparently.

The third group of teachers are those who dare to intervene. Some of them do it so intuitively and naturally that they are not really aware that they have made an intervention. Others are systematic and intervene at periodic parent-teacher meetings around the infant and his development. Some know how to bring the parents gently to further consultation and become part of the treatment team. Some strategically manipulate the environment, offering little or no explanation to the mothers,but seem to know exactly what they are doing, intuitively, and the reason for it.

During the two year training courses at ORANIM an appreciable number of would-be interveners become active intervening agents. We see that all the students become more sensitive to and aware of the mother-infant relationship and its importance.

Mothers on kibutz have the same satisfactions and difficulties as all mothers. Perhaps one major difference is that they spend considerable time with their infants in the presence of other mother-infant dyads and the infant teachers.

I would like to outline some of the basic features of the infant house on kibbutz and bring up some specific difficulties of mother-infant dyads,as well as show how some of the interventions were made. These interventions were recorded by teachers-in-training in the second year of their studies at ORANIM. We used the model of CYCLICAL RECIPROCAL INTERACTION developed by T. Berry Brazelton and his associates to see how the normal dialogue between infant and mother developed, and what seemed to be deviations from the normal.

The process of observation of mothers and infants along with the intervention of teachers proved to be a powerful impetus for learning and identification.

The Infant House

This is where it all begins, - kibutz education for collective living.

Infants are brought for daily care for several hours a day, when they are about six weeks old. There are usually 8-12 infants in the infant house. They are breastfed or bottle-fed by their

mothers at the necessary intervals. Mothers have a beeper system and are called from home or work to come and nurse when the baby cries. "Ruti, Ruti, come to Shula!"

All services are received within the infant house, diapers (now: pampers), prepared food, routine medical checkups etc. There are three infant teachers on call; one of them is usually trained and is the head of the infant house. There is help and guidance at the mothers' request in all manner of infant care. A physiotherapist visits regularly and gives special exercises to those infants, who are diagnosed by the pediatrician as needing help.

Outside the rooms where the babies sleep - in half the kibbutzim the babies sleep in the babyhouse from age 6 months at night-, there is a long play corridor equipped with mats and stimulating equipment to encourage reaching, swiping and grasping.

On a shaded balcony there is a playyard filled with tactile stimuli, that can be touched by hand, by foot, by skin, in different textures and shapes, that the baby can crawl into, all of which provide sensory integration and allow the infant to try out many things and to experience his body as an integrated whole.

The carriages in the infant house are kibbutz-made, open vehicles with separated slats, which allow even the smallest infant to see everything which is going on; the nine months olds stand in it together on their daily walk around the kibbutz: four or five of them with body contact looking out at the world to be discovered.

The infant house has some important goals in fostering collective living. It brings the infants together from the beginning to grow and interrelate in the small group. It brings the parents, primarily the mothers, together to function as a loose-knit unit, as they relate to their own infants. The kibbutz parent maintains continued intimacy with his own child, while keeping some degree of relatedness to the group of parents and other infants. This is the natural milieu. It will be continued throughout the education of the youngsters.

The kibbutz parent is encouraged to take part and enrich the group of his child, to relate to 'our' children to some extent along with 'my' child, working on the basic assumption that the good of 'my' child is best perpetuated and enchanced by the quality and stability of the educational and social framework, in which the child grows and develops.

There is a considerable amount of adult-adult interaction within the infant house. This can be most supportive for the new mother, pulling her out of the isolation of the neo-natal period, providing her with models to learn mothering skills from, peers to interact with and gripe with about sleepless nights, feeding problems and all the rest.

It is surely an ego-strengthening experience and a good transaction back into adult functioning.

It can, however, with at-risk mothers with real problems in relating to and communicating with their infants serve as an escape or avoidance of a true symbiotic relationship, and complicate the setting up of a real ongoing dialogue between mother and infant.

The presence of the head infant teacher- there are usually 3 teachers for 12 infants- coming in and out of the visual, auditing range with food, diapers or medication, provides a possible source of intervention, when there are difficulties. But she is perceived by some as a possible source of interference and may sometimes hinder the attainment of relaxation and intimacy, which a mother needs, in order to nurse satisfactorily.

She is seen both as a real support system and as a detriment to mother-infant intimacy, depending upon the mother's need at the moment and the given situation.

In some recent research by Dr. Avi SAGI, Haifa Univeriayt, he videotaped many hours of infant-parent interaction in infant houses on kibbutz, using Mary Ainsworth's model of the strange situation and the infant's behavior. He found kibbutz infants to be, statistically, less secure in their attachment behavior compared to their Israeli peers. There are many facets to his results and methods, which we will not go into here.

In his attempts to explain what he saw, Sagi does not find the problem to be in the essence of the infant education on kibbutz, but in the misusing of the method and system. He saw a troubling amount of adult-adult communication (mother-mother, mother-teachers), that seemed to be taking place at the expense of the direct-focused interaction between mother and infant.

This and our own observations have made myself and other members of the staff at ORANIM Training Center for Teachers, Haifa University, more aware of the process of dialogue between mother and infant.

In reviewing the obvious connection between dialogue and attachment we clearly see that mother-infant dialogues take place in an extended time sequence. They can be consciously evoked; they do not just always happen, and they provide an important opportunity for a mother to focus on her baby to the extent that she closes out other sources of sensory and social overstimulation and concentrates on him.

This ability to focus, shut out other stimuli, be in intimate intensive contact over a period of time, seems to be crucial for the kibbutz mother, if she is to create the unique individual relationship with her own infant in the midst of all the social interaction around her.

In the course of my own teaching at ORANIM, we felt the need to help the teacher understand and support the 'dialogue at risk' when she sees it in her infant house, intervening if needed.

We found T. Berry Brazelton's model of CYCLICAL-RECIPROCAL-DIALOGUE to contain the important elements of time, focus, process and intimacy, which we were looking for. As a study project we sent 19 infant teachers in training at ORANIM to 19 different infant houses at kibbutzim all over the country to watch mothers and infants in action, and to see how their dialogues were happening in the infant house and how the infant teacher reacted.

As you may know, Brazelton's model includes various stages, outlined here very briefly:

1. Reduction of interfering activity
2. Setting of stage
3. Creating expectancy
4. Intensifying the infant's attention
5. Allowing for reciprocity

In other words, according to Brazelton, Koslowski and Main, the dialogue is a process and a sequence of events taking time and focus to create.

My experience was that most mothers in the infant houses, in order to connect, would work at setting up the dialogue and go through at least several of the stages described by Brazelton and his colleagues. Those mothers who did not, would receive, I hoped, some kind of supportive intervention from the infant teacher, whose role it is to foster the attachment between mother and infant, even though there is great hesitation to interfere on the part of the teachers.

There is also a fine line between intervention and interference in every aspect of communal living and, I imagined, that

this too would be a sensitive issue in the willingness of teachers to intervene.

Because this was a teaching device, we hoped to achieve two goals:

1. Greater sensitivity to the dialogue
2. Greater willingness to intervene, when needed, in supporting the dialogue.

Brief results of oberservations

9 male infants and 9 female infants between the ages of 3 and 6 months were observed in play interaction with their mothers after feeing, at two different times, for intervals of 1½ hours each time.

The role of the observer was completely non-intervening and her only task was to write down what she had seen.

8 male and 5 female infants and their mothers flowed gracefully and intuitively into their dialogues, going through many of the stages in our model in setting up the dialogue: the baby expectant, the mother increasing, the baby responding etc. with all the visual, vocal and tactile contact they could use, and with great pleasure ensuing.

Three of the babies had mild problems due to illness. One infant did not respond and the mother gave up sadly.

Four of the dyads were clearly problematic, and I will try to describe them to you, using the rich material of the observing student teachers.

Dialogues at risk

Ruth is the 32 year old mother of Boaz, who is four months old and her third son. She is a curt, cut and dried, no-nonsense type of kibbutz woman, slightly masculine in her appearance. She does not have much use for talk in all her relationships. Ruth is a doer; she works as an organizer in the factory.

She has little time to feed and Boaz is impatient. She comes to feed him prompty every four hours. If he does not respond and does not eat, she hands him over to the infant teacher, who takes over gladly, and here we have a dilemma. The baby eats well when fed his bottle by the infant teacher.

There is no vocalization between mother and infant, little eye contact. Ruth looks at her watch, strokes the baby, hands him over to the teacher, gets on her bike and rides away.

The infant teacher was all too willing to take over and be the good mother, Ruth being the bad one. She made no attempt to

encourage Ruth and Boaz or to intervene on behalf of their dialogue, - to show Ruth how Boaz needed her. Boaz preferred the teacher to feed him. Everything worked itself out to the detriment of the attachment between infant and mother.

Gloria is new mother of 22 and Dana is 5 months old. Gloria is also new in the country, from Argentine, new on the kibbutz. She enters the infant house with fanfare; saying "hello" to everyone in a loud voice, trying very hard to be friendly to everyone. She has extreme difficulty in focusing on Dana at all, seems to have much more to say to all her peers. She seeks the company of the other nursing mothers, who are turned off by her and want to turn her off, but cannot say anything to control or limit her. One does not say such things to another mother in the infant house, - not to her face anyway.

Dana is an extremely alert infant and she seeks her mother out with her eyes, trying to 'hold' her. She cannot; she turns to her mother, turns away and frets. Gloria has placed herself in the center of the infant house, so she can keep an eye on who is doing what.Every time the mother talks to someone, the baby stops sucking.

The teacher, who has avoided every attempt of Gloria tom make small talk with her, now beckons her to a rocking chair in a nook far away from the center, and tells her that that spot is better. She sits quietly beside her in the corner looking at Dana nurse, commenting that now the baby is happy. Gloria turns reluctantly away from the action, looks at Dana nursing steadily. The teacher rises, pats Gloria on the back without another word and leaves.

This simple, well-timed intervention saved the feeding and may or may not lead to a further dialogue. This is strategic intervention without interpretations, but very valuable and more easily acceptable toa young inexperienced mother like Gloria.

The mother's name is Yael, the baby girl is Tirza. Yael is a teacher, has three thriving older children and 'knows everything' about children. Yael's mother is the teacher on her kibbutz and has raised many generations of kibbutzniks, got lots of training and not from Brazelton.

Yael is a large, powerful woman exuding warmth and cheerfulness.She prefers the method of spoon feeding with Tirza, who is six months old. She sets the rhythm of the feeding, spoon after spoon. Half the food is spilled as the infant anxiously tries to keep up with the spoon that keeps coming.

When Yael bathes the baby and dresses her, she kisses her and talks to her all the time, not ever pausing to look at what

Tirzah is doing or to let her talk back. It is a loving, active monologue of a mother delivered to the child, who looks at her mother anxiously all the while, thrashing her arms and legs. When she has finished caring for the baby, she puts her abruptly back to bed. When the baby cries loudly, the mother comments that she must be cutting a tooth, kisses her and leaves.

The baby teacher does not dare intervene. Yael is extremely capable; she has fine children. She is a colleague. Clearly the mother's obvious standing will be a detriment to any intervention or change. Perhaps when Tirza develops some psychosomatic symptom and refuses to eat. Until then she will have to learn to tolerate being machine-fed and well cared for, without any semblance of a dialogue with her mother.

Rinat is the mother of Ofera, a baby girl, six months old. Ofera is the second child, and Rinat, who had a satisfying relationship with her older child, is at a loss to understand the difficulty she is experiencing with this second infant.

Ofera seems to be extreme in all of her states, alternating between deep sleep and extreme lack of quiet and constand, inconsolable crying. She can be comforted by rocking and by physical contact. Other infants her age need less of this.

Rinat blames herself for the infant's difficulty, feeling that Ofera has confused and upset her, so that she does not function normally, and this is what causes Ofera to be unquiet.

The intervention of the infant teacher here proved crucial in helping Rinat accept these difficulties as developmental difficulties in Ofera. This she could do on the basis of her experience with many infants and a knowledge and a 'feeling' about babies, that good, experienced teachers can have. She also does not compare Ofera with the other infants, who can crawl about and occupy themselves with toys and are involved in the beginning sensimotoric period of development, but consistently helps the parents to accept the special, unusual needs that this baby has, and to feel alright about them. She tries to convey to them the trust in Ofera, who would come out of infancy and develop according to her own pattern and her own timetable, and that the baby is neither backward nor autistic nor permanently damaged - fears that all parents may have in the light of such disturbing behavior.

This reframing, relabling of the problem helped Rinat calm down considerably and to control her own 'overresponsiveness' to Ofera's needs, or to change her responses every time the infant expresses some form of distress. This enables the infant to

What has actually happened in these examples of intervention? How does the infant teacher change the patterns that have been detrimental to the mother-infant relationship? We would like to relate to a few of the things we have seen.

Restructuring.

In the case of Gloria, the teacher encouraged the dyad to enter into a dialogue with one another by restructuring the whole physical set-up, removing the mother from the center of the stage, where she was both distracted and siruptive.

From her nook, where the teacher gently but firmly placed her, she could begin to enter into the dialogue with her infant, reducing the stimuli from without and setting the stage for further intimate communication.

The teacher made a great effort to refrain from interacting with Gloria as a social peer, but praised her and even hugged her as she functioned adequately as a nursing mother. This will probably be continued till Gloria does not need this help any more and begins to develop in her role as a parent, gaining satisfaction from the thriving baby.

Relabling

In the case of Rinat and Ofera the situation demands great thoughtfulness and tact.

Clearly this infant showed signs of atypical distressed behaviour. The mother was well on her way to becoming depressed and passive in the face of all the withdrawal, crying and unpredictable behavior of Ofera. Not really knowing what was bothering her infant, she imagined the worst and was overwhelmed by worry and confusion.

The teacher, after subjecting Ofera to all the physical and developmental tests she could, and finding the results to show Ofera basically normal, stepped in to show the mother that Ofera was alright, even if her behavior seemed erratic and somewhat different from the behavior of the other infants in the infant house.

She encouraged Rinat to be firmer and more consistent in her handling, despite the crying. She helped the parents by pointing out to them every little step forward. She helped them see that Ofera was changing at her own rate, as a normal infant. Slowly the parents regained their confidence.

We followed up the development of Ofera and Rinat, because we found it important. By age one the parents had fully regained their confidence, and Ofera was more predictable, developing slowly into a more cheerful infant.

see that Ofera was changing at her own rate, as a normal infant. Slowly the parents regained their confidence.

We followed up the development of Ofera and Rinat, because we found it important. By age one the parents had fully regained their confidence, and Ofera was more predictable, developing slowly into a more cheerful infant.

This relabling of Ofera to her parents as a normal child with special needs really seemed to be crucial in helping them function with assurance.

In our field work we see many examples of situations where infant teachers have made interventions which were meaningful .

I myself have seen several cases where a slow, passive infant had failed to respond to the efforts of his parents to reach him. The infant teacher, guided by professional consultation, worked very hard to reach such infantsaand to help them become more responsive.

This enabled the parents to follow the teacher's example and make better contact with their infant, and the chain of withdrawal and despair was broken.

We have seen teachers who helped parents establish routines and schedules with chaotic sleeping habits.

In one extreme example of post-partum psychosis, we had the teacher feeding the infant in the mother's presence and gradually giving over the feeding, while providing the mother with special snacks, coffee and encouragement.

The teachersmay work with guidance or intuitivelyy on their own, but the parents prefer hhe infant teacher to any other professional, feeling her to be part of the system. Most of all the parents, in trusting the infant to the teacher, see her as caring and cathected in a very special way. The team feeling is generated - mother, father and teacher working together for the well-being of the child.

ANALYSIS OF OBSERVATIONS WITH TEACHERS IN TRAINING

Summary:

The purposes of our observations were twofold:

1) We on the teaching staff wanted to create greater awareness and empathy in our teachers-in-training with the mother-infant dyad, rather than the exclusive focus on the infant, with the mother as a necessary evil, often interfering with the teachers' attempts at habit training and enrichment. Kibbutz mothers are in and out of the infant houses and often create disruptive reactions in their infant when they come and when they leave. They are, furthermore, critical of the teachers and, in general, mothers constitute the difficult side of infant care.

We also felt that infant teachers, by their very presence, have a crucial role in enhancing mother-infant dialogue, which is the means for creating attachment and maintaining it. They can foster confidence and focus. They can encourage the mothers to go ahead or the very opposite.

Referring to the work of Gerald Caplan on Preventative Psychiatry, it seems that social networks, such as those in kibbutz, can become social support systems if used properly.

Social networks can be both a source of direct help and a source of linkage to outside sources, such as referral to other services. Through anticipatory guidance we can identify mothers, who are at special risk in relation to their infants. The greater difficulty, it turns out, is the resistance of the helpers to offer assistance, perhaps greater than the resistance of those in need to accept it.

The teachers seemed limited by attitudes and ideologies, by their fear of antagonising the parents by overidentification with the mothers and their feelings of inadequacy and of injured pride in receiving help and guidance.

Teacher training can prepare teachers to change their attitude to intervention.

I have tried to promote this goal by means of having the teacher observe mothers and infants in dialogue and other teachers in their interventions.

The teachers were asked to identify dialogues at risk and to imagine what they would have done as infant teachers in such a situation. This helped them examine their own emotional resistance and fears, and to reevaluate their own ideological attitude to intervention.

Some of the teachers would not have intervened and this we respected, but most of them would have, and felt inadequate and needed encouragement.

I feel that the educational setting has potentiality in primary prevention, if the staff can see itself as an agent of intervention and support.

It seems important to clarify the difference between intervention and interference, and to help the teacher find skills of tactful communication, which will make the intervention flow more smoothly.

A by-product of this study was the witnessing of the dialogue between mother and infant. and the reassurance that the infant house on kibbutz allows the dyad to function normally in what might seem at times a 'public' environment.

Although the kibbutz is a unique setting, there might be some value in what we have learned for other infant-care settings, particularly those where the mother is a more or less regular participant in some of the care procedures.

Kibbutz as a society offers many social networks, which might be social support systems, if there is some willingness to extend help where it is obviously needed.

It is my belief that teacher training can be directed towards awareness of primary prevention and that many teachers, though not all,can be given the skills and the encouragement to step in and intervene on behalf of parent-infant communication without becoming intrusive or overstepping the boundaries dictated by their roles.

In this paper I have tried to bring you some of my own efforts in this direction.

BIBLIOGRAPHY

1) Herbert C. Schulberg & Marie Killilea:
Modern Practice of Community Mental Health
Editors: Jossey Bass Publishers, 1982

2) Michael Lewis & A. Rosenblum:
The Effect of the Infant on its Caregiver
Editors: Wiley - Interscience Publication

3) T. Berry Brazelton:
Infants and Mothers
Editors: Delta, Seymour Lawrence, 1983

4) Margaret Mahler, Fred Pine & Anni Bergman:
The Psychological Birth of the Human Infant
Editors: Basic Books Inc., New York, 1975